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| PICK-UP WAIT MAIL |
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| Special Instructions to Filing Officer: |
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SCURE LARY OF STATE
ALLAHASSEE, FLORING

D. BRUCE
JAN 1 2 2012

EXAMINER

COVER LETTER

| TO: | Registration Section of Corp | | ¥ | | | | |
|---------------|------------------------------------|---|--|---------------------------------------|--|-----------|---|
| SUBJI | ECT: | APR | Biulders LLC. | , * | | | |
| | | | ited Liability Company | · · · · · · · · · · · · · · · · · · · | _ | | |
| The en | closed Articles of A | mendment and fee(s) are sul | omitted for filing. | | | | |
| Please | return all correspond | dence concerning this matter | r to the following: | | | | |
| | | | William Van Helden Name of Person | ···································· | | | |
| | | | APR Builders LLC. Firm/Company | | | | |
| | | | 2000 NW 16th Street Address | | | | |
| | | Po | <mark>mpano Beach Fl 33069</mark> |) | -n, | | |
| | | E-mail address: (| City/State and Zip Code PRBuilders@aol.com to be used for future annual repor | t notification) | | 12 JAN 1 | |
| For fur | ther information cor | ncerning this matter, please of | eall: | | ay of | = | |
| <u> </u> | Willian Name of F | Van Helden Person | at (<u>954</u>) Area Code & D | 234-6219 Paytime Telephone Nu | imber 194 | KH II: 21 | O |
| Enclose | ed is a check for the | following amount: | | | | | |
| ₽ \$25 | .00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is end | Cert | 0 Filing Fee tificate of St tified Copy litional copy | latus & | |
| | Registrati Division P.O. Box | IG ADDRESS: ion Section of Corporations 6327 ee, FL 32314 | Registration S Division of C Clifton Build | orporations | SS: | | |

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| APF | R Builders LLC. | | |
|--|---------------------------|-------------------------------|-------------------------|
| (Name of the Limited Liabilit (A Florida | Limited Liability Compar | y) | |
| The Articles of Organization for this Limited Liability (| Company were filed on _ | September 10, 200 | 8 and assigned |
| Florida document number <u>L08000086141</u> | · | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, <u>enter the new name of the lim</u> | ited liability company | <u>here</u> : | |
| The new name must be distinguishable and end with the wo "L.L.C." | rds "Limited Liability Co | mpany," the designation "I | LC" or the abbreviation |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADD) | RESS) | | |
| | | F 72 | <u> </u> |
| | | | 2 1 |
| Enter new mailing address, if applicable: | | Sa- | Print rended |
| (Mailing address MAY BE A POST OFFICE BOX) | | 1.00 1.00 | <u>₹</u> M |
| | | © 31 | |
| | | 9 m | <u> </u> |
| B. If amending the registered agent and/or regis registered agent and/or the new registered office add | | n our records, <u>enter t</u> | he name of the new |
| | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | ress | | |
| | | , Florida | |
| | City | | Zip Code |

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM-= Managing Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action | | | | | |
|--|---|---|---------------------|--|--|--|--|--|
| <u>TS</u> | Anna Van Helden | 2000 NW 16th Street Pompano Beach Fl. 33069 | ✓ Add ☐ Remove | | | | | |
| VP | John Christopher Coleman | 2000 NW 16th Street Pompano Beach FL, 33069 | _ ✓ Add ☐ Remove | | | | | |
| | | | Add Remove | | | | | |
| • | · | | Add Remove | | | | | |
| | <u>.</u> | | Add Remove | | | | | |
| <u>-,</u> | | • | Add Remove | | | | | |
| D. If amendin | g any other information, enter change(s | here: (Attach additional sheets, if necessary.) | ••• | | | | | |
| | | AHASSES | | | | | | |
| | | SM R | 5 | | | | | |
| Dated | January 4 , 2012 | | | | | | | |
| _ | authorized representative of a member | <u></u> | | | | | | |
| William Van Helden Typed or printed name of signee | | | | | | | | |

Page 2 of 2

Filing Fee: \$25.00